

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm Cas Establishm /042 Owner Buchle Owner's A	ddress Lewin Scharge	ve (ss (nu Lut	# 1167 mber and street, city, state, zip code) We Re Now Albert, 12 47150 New Albert, 12 47150	Telephone Number 12 123 7016 712 123 7016 712 123 7016 Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection (mm/dd/yr) 1/28/20 Follow-up Release Date YES TODAY Summary of Violations: C_4 NC_4 R_3 Menu Type (See back of page)			
Certified F				7. Other (list)	12	3	_4 <u> </u>	
LF C	<u>attaell</u>	(1	2/1/21)	<u></u>			:	
• CRITICAL	L ITEMS AI	RE JD	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATI	ON(S) REPE	CATE	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE N	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
118	۷		Observed deli shaff unches on Food pup be	nsics		Retrain	with CFM	
188	C	ļ	Observed Lot sides not being made & to		olding Petron with CFM			
191	۷.	R	Observed (4) deli sides believing during or labeling Petroin with					
192	۷	R	Observed deli side duted 1/20 and bakery items 1/27				Rtrun WH CFM	
324	ماد		Observed floor drawn comer missing at the prop			2 weeks		
347	ME	<u> </u>	Observed paper tenels out in produce pup					
392	ہاد		Observed humpster left apen	<u> </u>		Tiday		
414	ηc	R				1. di	<u> </u>	
Received b	v (nama on	d title	printed):	Inspected by (name and title p	rinted):			
LA	y (name and LUU) y (signature		THOMPSON THOMPSON		Ingram	(EHS)		
	my		Know		<u> </u>	1		
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